

119

CENTRO DE INVESTIGACIONES
MULTIDICIPLINARIAS EN DESARROLLO
RURAL (CIMDER) - AN EVALUATION
JUNE, 1989

N. STEINMETZ, MDCM.,
MPH., FRCP(C)
August 8, 1989

164.

Centro de Investigaciones Multidisciplinarias en
Desarrollo Rural (CIMDER) - An Evaluation

CONTENTS

- I. Introduction
- II. Methods
- III. An Assessment of the Situation
- IV. Comments on Some Activities
- V. Concluding Assessment and Recommendations
- VI. Appendixes
 - 1. Que es y que hace CIMDER?
 - 2. Publications consulted
 - 3. Areas where CIMDER methodologies are applied
 - 4. Areas of Administrative Activity
 - 5. Some Publications by CIMDER
 - 6. CIMDER Staff 1989

I. INTRODUCTION

Primary Health Care (PHC) is the strategy advocated by the WHO as most likely to help countries attain the goal of "Health for All by the year 2000"

It is with the intention of promoting the development of PHC that the IDRC began support of the **Centro de Investigaciones Multidisciplinarias en Desarrollo Rural (CIMDER)** Multidisciplinary Research Centre for Rural Development) in 1974. The application for renewal in 1985 (Phase II) stated that the first phase of the project had generated important data regarding the management and evaluation of rural PHC programs and had developed several health assessment tools for use at the community level. There were administrative and technical problems which resulted in much of this data not having been validated and it had remained largely unpublished.

Phase II of the project had as its main goals to:

- a) provide CIMDER with the necessary institutional support for continued research in rural PHC strategies, and
- b) to assist CIMDER to become a regional reference center for health services research.

Twelve specific objectives were identified:

- a) recruit qualified research staff;
- b) reinforce CIMDER's technical capabilities by training personnel in biostatistics and epidemiology;
- c) complete an inventory of all existing data collected in CIMDER Phase II;
- d) analyze health data gathered in Phase I;
- e) validate the procedures, instruments and innovations developed in the Phase I project;
- f) publish and disseminate the information and results obtained from the Phase I project;

- g) design the managerial tools and modules which are necessary for the administration of primary health care programs;
- h) design a module to evaluate the impact and cost-effectiveness of rural PHC services;
- i) develop strategies to detect and influence attitudes and behavior related to health and disease;
- j) incorporate CIMDER's health information system into the Colombian Ministry of Health's statistical information system;
- k) establish a network of regional PHC researchers; and
- l) continue to identify rural PHC research priorities.

A mid term evaluation was to take place so that necessary adjustments in the program could take place in years four and five. Dr. Francisco Yepes carried out an evaluation in September-October 1988, and the present report is based on an evaluation carried out in the last week of June 1989. These evaluations are thus unfortunately being carried out at the end of the project.

II. METHODS

The terms of reference for both evaluations are the same and require an evaluation in terms of:

1. Quantitative and qualitative analysis of the achievements of the research objectives set in the Project Summary. It includes the analysis of the data gathered during the first phase of the project and specific studies carried out during the second phase.
2. Dissemination and utilization of results of the studies carried out during the project.
3. Impact of the activities at the following levels:
 - University
 - Health Services of the Department of Valle, Colombia
 - National Health Services
 - International (regional) level

4. Institutional development of CIMDER as a regional reference center for health services research and primary health care.
5. CIMDER projection:
 - short term
 - medium and long term
 - different alternatives - special reference to University affiliation
6. Summary and recommendations about future support by IDRC.

This evaluation was done by the following means:

1. Site visit to CIMDER headquarters in Cali, during which discussions were held with the entire staff as a group as well as individually with the principal investigators and the director.
2. Site visits to:
 - a) Hospital Universitario del Valle - to see implementation of financial management procedures;
 - b) Nucleo de Atencion Primaria El Diamante - urban primary care project;
 - c) Villarica (Cauca). Attended a session of the School for mothers - met with rural health promotion staff.
3. Interviews with:
 - a) Dr. Guillermo Falk, Director of Planning and Development, Universidad del Valle;
 - b) Dr. Harold José Rizo, Principal (Rector) Universidad del Valle;
 - c) Dr. Rodrigo Guerrero, Department of Social Medicine, Universidad del Valle;
 - d) Dr. Gustavo Ignacio de Roux, Consultant to CIMDER, Professor, Faculty of Socio-Economic Studies, Universidad del Valle;
 - e) Dr. Oscar Bolaños, Dean, Faculty of Health Sciences, Universidad del Valle;

- f) Dr. Gabriel Velasquez Palau, Planning Department, Universidad del Valle;
- g) Dr. Carlos Solarte, Department of Municipal Health - City of Cali;
- h) Dr. Alex Cobo, Director, Social Division, Fundacion para la Educacion Superior;
- i) Dr. Maria Victoria Piedrahita, Director, Fundacion Valle del Lili.

No interviews were possible with Ministry of Health officials. I was not able to speak to a single IDRC staff member familiar with this project because every one was out of town at the time of my visit. This was indeed very unfortunate because there were several matters that I would have liked to discuss and to understand better.

Appendix 2 lists the documents reviewed. The absence of IDRC staff in Bogota who knew where relevant documents were, as well as the shortage of time available limited the extent of material reviewed. Nevertheless, I think that a very good overall understanding of the project was gained.

I have read with attention Dr. Yepes' evaluation report. I am in general agreement with his observations and recommendations. Because I see no purpose in producing a lengthy document that merely says the same thing, I will concentrate more on the matters that I think are related to the fundamental goals of the project.

III. AN ASSESSMENT OF THE SITUATION

Phase II of the project was to make it possible for CIMDER to become a major research and reference centre. Specifically, it was to develop into a high quality research institution specializing in research on rural PHC and in health services evaluation.

That is a very large challenge in an environment lacking in personnel that has a high level of education in these areas, that has no (or few) financial resources, and where the nucleus (CIMDER) is not firmly within an administrative structure that will protect and advance its goals. In my view, for success to be achieved, the following are essential at the outset, or very early in the development:

1. There needs to be a very firm institutional attachment.

2. Financing of core academic and support staff salaries needs to be secure.
3. Educational preparation of the academic staff needs to be appropriate for the tasks, and specific goals, with financing, need to be established for staff development.
4. The required equipment needs to be available.
5. Space needs to be provided.
6. Consulting services, especially in research methodology, need to be available in the early stages.
7. Firm, continuous support and trouble shooting has to be available - especially from the granting agency.

Each of the above points will be discussed briefly now, and related to what was observed in the June visit.

1. Institutional attachment -

The short comment on this is that in truth, after 15 years, there still is none. Dr. Gomez lamented on this fact in his 1983 report. Nothing has changed, and the fault cannot be CIMDER's. There still is no legal status. All university officials consulted were full of praise for CIMDER, its staff, its achievements. All had great expectations for its future activities. All felt it is valuable, and that it has to continue and grow. All felt that it ought to be a formal part of the University, that it ought to have stable university funding, that its staff should have university appointments. However, it has not happened. It is undoubtedly true that university funds are scarce, as they are everywhere. But I saw no evidence that a serious effort at priority setting had been made as regards CIMDER, nor that it was being made now. There were lots of kind words and much praise, but I have no evidence to offer that the future will hold more action than the past has demonstrated.

2. Secure Financing of Core Academic and Support Staff -

The various financial IDRC and local sources are given in the grant proposal. The IDRC contribution is decreasing or has stopped for several professional staff members, and there has not been a satisfactory, or secure replacement. Necessary resources, now amounting to 20% of the budget, are raised by engaging in

consulting activities (Ecopetrol, Cafeteros, government agencies) which while they make it possible to pay the bills and survive, have the undesirable effect of leading the centre away from its academic mission. The consequences are that the staff is spread very thinly across its main goals. A positive outcome, however, is that CIMDER is getting to be very well known and respected in business and government circles. There may be a degree of pride and satisfaction in the fact that the government has contracted for CIMDER's activities in politically unstable and physically dangerous areas. However, that has more to do with politics than with sound research and teaching priorities.

3. Educational Preparation of Academic Staff -

Within the limits of the trained professional staff available in the country, CIMDER has in fact recruited what at the moment is an extraordinary group of people. They are energetic, have vision, work remarkably hard, are well regarded and respected, are innovative and imaginative, and show great promise. There has in the past been some turnover of staff so that none of those who started in 1974 are still there. That fact is not surprising to me because of the competition CIMDER must have from Universities, Foundations, etc. for staff. The lack of legal status or of a secure position within Universidad del Valle undermines their situation. And yet not only has CIMDER endured, but as I said, it has at the moment an excellent staff. This must be a credit to those who manage CIMDER now, as well as to those who have done so in the past.

A serious limitation is the fact that no PhD level prepared staff exists at the moment. Further education of staff was to be one of the purposes of Phase II. However, the grant did not spell out the number of staff to be offered advanced education nor to what level, nor where, nor who was to pay for it. Consequently, very little has happened. One person went to McGill for a Masters Degree and is no longer with CIMDER, one is just completing such a program at McGill, and another is accepted but has not found any funding to go. No candidates for a PhD program have yet been sent away.

I don't believe that some of the higher academic goals can be achieved without PhD level trained staff. Dr. Yepes' evaluation of some of the specific objectives makes that clear.

It must be emphasized that this is not intended as a criticism of the staff in place, who I believe have rendered superior achievement.

4. Equipment -

The budget mentions a sum for computer equipment and software. It is my understanding, however, that the equipment (or most of it) now in place was acquired only over the past two years, and was bought with funds earned in consulting activities. If that perception is correct, then I don't think CIMDER has had adequate support in this essential, basic area of operations.

5. Space -

The Faculty of Medicine provides CIMDER with space in its building. Although all centres of activity will always clamour for more space, what is now available is modest but satisfactory for now. Should CIMDER's plans for future activities be realized, there is no question of their need for more similar space.

Being located in the Faculty of Medicine is very important, and as far as I can see is also the only significant gesture made by the University.

6. Consulting support in the early stages of development -

In the early developmental stages of a program with as ambitious a program as CIMDER's, and in an environment lacking the expertise required in the elaboration of complex research projects, arrangements for specialized/expert advice need to be made to assure a sound methodology in research design. This did not happen in 1974, nor thereafter from what I can see. This accounts for the difficulties encountered as a result of inadequate design (no control groups or unsatisfactory ones), difficulties in data storage, retrieval or analysis, difficulties in evaluating various aspects of the work done, and shortcomings that may exist in the design of educational materials and handbooks. Some of these are serious, and others are less so. However, they could have been avoided, and an important investment better protected by assuring the availability of timely and appropriate consultation. Such consultation seems to be available in more recent IDRC programs and is a sound thing to do.

7. Firm, continuous support of the Sponsoring Organization -

A new endeavour of the type envisaged for CIMDER, especially when it is not safely settled within a parent organization requires close monitoring, interference running, and political support. It does not seem to me that this has happened to any significant degree outside of the occasional moments of formal evaluation. From my discussions with various university officials I could not conclude that

regular official contact between IDRC or FES officials and the University had taken place to advance the original commitment by the University as regards university appointments for CIMDER staff or appropriations for their salary. I'm not even sure to what extent IDRC has any personal and close contact with CIMDER activities since no official visit or discussion seems to have been held with its staff for the past two years.

IV. COMMENTS ON SOME ACTIVITIES

A. General Organization

CIMDER's mission is primarily research and teaching, and that is what it fact it mainly does. However, its financial constraints are such that consulting and service activities threaten to deviate it from its main goals due to the urgent, indeed, essential need to raise funds to keep the operation afloat.

The Centre's activities are carried out through four organizational divisions:

- a) Primary Health Care
- b) Epidemiology and Statistics
- c) Health Care Administration
- d) Social Medicine.

The best developed are the Primary Health Care and Health Care Administration section. They have demonstrated an activity over the past two years which would have been considered quite excellent had they had enjoyed a safe haven in the University structure, secure financing, and adequate equipment. Not having had any of these, their achievements are, I think, exceptional.

Activities in PHC, aimed at developing strategies to improve the well being of the population, have concentrated on developing the tools necessary for the effective operation of health promotion staff. This has been well described in Dr. Yepes' report and will not be reported here. CIMDER has trained over one thousand health promoters, over 400 city and over 150 rural health promotion volunteers, over 1500 high school graduates who will do health promotion work as their year of social service, and over 450 family leaders. The training programs are very well organized and dynamic, with much care being given to the selection process of candidates and to subsequent monitoring and support activities. Evaluations regarding their effectiveness and staying power are favourable. I met with some health promoters and volunteers, and was impressed not only by what they knew, but by their skill, sensitivity and common sense approach to communication and problem solving.

The volunteer program is quite remarkable. There is a low turnover rate (10%), and that mostly because families move out of the area, the volunteer gets a paying job elsewhere, or there are objections by other family members. Volunteers gain in image and respect of the community. Their knowledge gives them prestige, and that is of great personal value.

The Health Care Administration division of CIMDER is also developing well. Dr. Yepes has referred to its work in Zarzal on local diagnosis, study of the operation of primary health care units and the estimation of costs. A great deal of work has been done, including the production of manuals in the area of hospital materials management and financial administration.

The epidemiology and social medicine areas are less well developed, largely due to a shortage of funds and staff.

B. Teaching

In addition to the teaching involved in preparing health promoters and the various categories of volunteers, high school students, etc., the Centre has a active academic program. Involved are public health students, elective medical students, and students from the University departments of Administration, Education, and Economics.

C. Consultation - Networking : (Becoming a referral centre)

The extent of contacts in community and government agencies is very surprising. No meeting on health, health promotion, primary health care takes place in Colombia at which CIMDER staff is not invited to be present. They also have an international presence in Ecuador, Paraguay, Dominican Republic, Bolivia, Guyana, Mexico, and Brazil. Within the country, they work in 12 out of 23 departments (equivalent to provinces), the National Health Ministry, Department and Municipal governments.

In addition, they work with or for the following organizations:

1. Universidad del Valle - Staff Health
2. Ecopetrol - Staff Health
3. Ministry of Health - Consultation in restructuring 12 sectional Health Services
4. Municipal government - Cali - PHC
5. Valle del Cauca Government - PHC
6. Cafeteros - Evaluation of Health groups
7. Loteria del Cauca
8. UNICEF - PHC
9. Instituto Colombo-Holandes - PHC

10. German Mission - PHC
11. AID - PHC
12. PAHO - PHC
13. Colombian Institute for Family Welfare - PHC
14. U. del Valle Teaching Hospital 0 Financial and Materials Management
15. PLAN (Foster Parents Plan) - PHC

There is also a close working relationship around issues of primary health care with Colombia's principal private foundations:

1. Fundacion para la Educacion Superior
2. Funcadion Carbajal
3. Fundacion Santa Helena
4. Fundacion Restrepo- Barco
5. Fundacion Valle del Lili
6. Fundacion Santa Fe

V. Concluding Assesement and Recommendations

The goal was for CIMDER to become:

- a) a major research centre for rural PHC strategies and
- b) a regional reference centre for health services research.

In the Colombian context, it has achieved those goals. There is no other entity with as much experience, innovative productivity, or expertise in the matter of primary health care, and the same is probably also true for health care administration. There is ample evidence that CIMDER has become recognized as a reference centre not only nationally, but internationally. No specific goals were set as to what "major research centre" or "regional reference centre" means. From the descriptions given in this and Dr. Yepes' report I would think that this has been achieved.

The comments made by Dr. Yepes concerning the twelve specific objectives are, I think, valid. However, they have to be seen in the context in which CIMDER's staff has worked. Specifically:

1. There is, after 15 years, still no firm institutional home.
2. There are no faculty appointments to the University - a matter of great importance where research is concerned.
3. There is no firm financial base.

4. Staff training to the master's level is very limited, and no PhD level staff have been prepared.
5. No consultation was, or is, available for research design, communications, educational strategies, etc.
6. Considering the above five facts, there is little evidence of effective support by the sponsoring bodies.

It seems to me then, that CIMDER's successes are noteworthy, and are the result, primarily, of the effort of its staff. The shortcomings stem largely from the context in which CIMDER has had to function, and I think it remarkable that they have achieved all they have, considering their handicaps.

RECOMMENDATIONS

CIMDER is a valuable, indeed, essential player in the development of strategies to improve the health of the people through primary health care research and teaching.

1. CIMDER needs a stable legal structure. The original intent was that it become an integral part of the Universidad del Valle. Considering CIMDER's strength and the University's past difficulty in integrating it fully, I suggest that CIMDER might become a separate "institute", affiliated to the University, with its staff having University appointments, and with independent financing.
2. Independent financing is crucial so that CIMDER's mission is not derailed by the financial needs of a parent institution - a likely prospect in what will continue to be a time of financial constraint for universities.
3. Financial stability can be achieved by setting up an endowment fund using unspent budget for Phase II, and possibly an additional endowment grant by both IDRC and FES. FES would be the ideal trustee of such a Fund. Having made a significant investment over the past 15 years, and having succeeded in the basic goals of the project, it seems foolish not to assure CIMDER's continued existence by such a move.
4. Funds need to be made available to pay for the training of additional staff at the Masters level, and to train several PhD level researchers. There are good people who are accepted into programs but can't go for lack of funds. To leave them floundering about trying to find funds here and there is an unjust and uncertain fate. CIMDER needs and deserves better prepared staff. Not to back up the original investment with assured training for staff is to lose the investment already made.

5. Consultation in research design, education strategies, and communication should be made available now - since the training of staff will take time. This will improve existing staff and deal with most of the problems raised by Dr. Yepes in his evaluation of the 12 specific objectives. Such help is not a large budget item.
6. Committed, continuous and effective support by the sponsoring institutions is essential to achieve the final goal of a major, independent research centre for primary health care which will endure.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'N. Steinmetz', written in a cursive style.

Nicolas Steinmetz, MD.

August 8, 1989

¿QUE ES Y QUI HACE CIMDER?

CIMDER es un Centro de Investigaciones que tiene como propósito el mejoramiento del nivel de salud y bienestar de la población. Para cumplir con este propósito el Centro realiza actividades de investigación, asistencia técnica y educación.

En el Centro trabajan profesionales de diferentes disciplinas: salud, administración, ciencias sociales, educación, informática, economía. Este equipo multidisciplinario se ha mantenido desde la creación del Centro en el año 1973 gracias al apoyo financiero recibido por organismos nacionales y extranjeros.

OBJETIVOS

1. Realizar investigación orientada al diseño y evaluación de tecnologías en salud apropiada para ampliar la cobertura de servicios y mejorar la calidad de los mismos.
2. Desarrollar y evaluar enfoques y metodologías de capacitación y estrategias para incentivar la participación social en programas de Atención Primaria.
3. Promover actividades docentes con estudiantes de pre y postgrado y con personal directivo y operativo de instituciones oficiales y privadas, en áreas que sean de competencia del Centro.
4. Ofrecer asistencia técnica para el diseño, ejecución y evaluación de programas, así como para la utilización de técnicas e instrumentos desarrollados, probados o evaluados por el Centro.
5. Fomentar el intercambio de información y experiencias entre instituciones e investigadores que tengan como propósito el mejoramiento de las condiciones de salud y el bienestar de la población.

AREAS DE INVESTIGACION

El campo investigativo del CIMDER está delimitado por la conceptualización de salud y bienestar y abarca diversas áreas pertenecientes a los sectores de salud, educativo y socio-económico. Los frentes de trabajo se han agrupado en cuatro áreas: Atención Primaria en Salud, Desarrollo Administrativo de Instituciones de Salud, Epidemiología y Bioestadística y, Educación y Participación Social.

ATENCION PRIMARIA DE SALUD

El propósito del área de Atención Primaria es ampliar la cobertura de los servicios de salud y facilitar el trabajo del agente comunitario. El Centro desarrolla y evalúa tecnologías apropiadas y los mecanismos para implementarlas, de acuerdo con las necesidades nacionales y locales. Así mismo, el CIMDER prepara materiales para la capacitación y educación continuada y para la monitoría y evaluación del agente comunitario.

Estos instrumentos están diseñados para facilitar la participación activa y efectiva de la comunidad en la identificación y resolución de sus problemas de salud y/o para ayudar al agente comunitario en su trabajo. Algunos ejemplos son: La Tarjeta Familiar (para registrar la información de los miembros de la comunidad); la Cinta de Tres Colores (para medir el estado nutricional en niños menores de seis años); la Bandera de la Salud (para mostrar a la comunidad los cambios en su situación de salud); el Micropuesto de Salud (para facilitar a la promotora la realización de acciones terapéuticas sobre las enfermedades más comunes de la población y para la prestación de los primeros auxilios); el Consultorio de la Salud (para la toma de decisiones por parte de la comunidad respecto al autocuidado de la salud); y la Tarjeta para Identificación de Riesgo (permite identificar situaciones de riesgo a nivel individual, familiar y de la comunidad, y los pasos para solucionarlos).

DESARROLLO ADMINISTRATIVO

Esta área diseña, aplica y evalúa instrumentos y estrategias administrativas para mejorar la eficiencia de las instituciones proveedores de servicios de salud a través de la investigación operativa, con el fin de lograr un adecuado

manejo de los recursos de personal, suministros, financieros, legales y de la infraestructura física.

Se está desarrollando un Sistema de Información Administrativa (SIA) que de soporte a los procesos operativos, a la planeación operacional táctica y estratégica, a la toma de decisiones y al control de gestión. También se trabaja en el diseño de herramientas que fortalezcan la descentralización municipal en el sector salud en aspectos relacionados con la informática.

Se han desarrollado varios modelos sobre la administración de recursos aplicables tanto en las unidades del primer nivel de atención como en los hospitales locales, regionales y en los de alta tecnología, y se apoya a las instituciones de salud para capacitar al recurso humano, con el fin de mejorar su capacidad administrativa en las áreas de competencia.

Igualmente se trabaja en el desarrollo de instrumentos para hacer diagnóstico administrativo institucional; identificar riesgo administrativo institucional; la administración de suministros, de recursos financieros y de recursos humanos; facilitar la toma de decisiones, la capacitación y supervisión del recurso humano y la evaluación de servicios y proyectos en las instituciones de salud; el montaje y manejo de sistemas de información administrativa.

EPIDEMIOLOGIA Y BIOESTADISTICA

Esta área además de brindar apoyo técnico a las otras áreas de investigación e intervención, genera y ejecuta proyectos de investigación en salud en los cuales se aplican los métodos epidemiológico y estadístico. También asesora a otras instituciones en este proceso, y en la evaluación de proyectos y programas desde una perspectiva de aplicación de la epidemiología a los servicios de salud. Así mismo, el área brinda soporte a los programas de pre y postgrado relacionados con salud.

El Centro lleva a cabo estudios tradicionales de tipo observacional (estudios transversales, retrospectivos y prospectivos) y experimental (ensayos clínicos y ensayos comunitarios), dirigidos a investigar la distribución, dinámica y control de los determinantes del proceso de salud-enfermedad en poblaciones humanas. De igual forma, utiliza los métodos y técnicas de la investigación epidemiológica en la planificación de la atención de salud.

EDUCACION Y PARTICIPACION SOCIAL

El propósito del área es desarrollar y evaluar enfoques pedagógicos y metodológicos para capacitar personal directivo y operativo de instituciones públicas y privadas, así como personal auxiliar y comunitario. Enfoque especial se pone en la capacitación de agentes comunitarios en la utilización y manejo de tecnologías desarrolladas en el Centro, mediante manuales producidos por la institución.

Por otra parte, en el área se diseñan investigaciones sobre participación comunitaria en programas de Atención Primaria; sobre factores que la inhiben o la facilitan y sobre las readecuaciones que deben hacerse en los servicios de salud para facilitar la intervención de la población en las acciones orientadas a prevenir la enfermedad y proteger la salud. Especial importancia se da al diseño de estrategias orientadas a estimular la participación social en los programas de salud.

UNIDADES DE APOYO

Para cumplir con los objetivos y las actividades descritos, CIMDER cuenta con el recurso humano y la infraestructura necesarios, incluyendo un Centro de Cómputo, un Centro de Documentación y una oficina de Publicaciones. Esta oficina brinda apoyo editorial en la producción de artículos científicos, protocolos, informes, manuales y libros, con el fin de divulgar la actividad investigativa.

Publicaciones consultadas

- *Proyecto de Desarrollo Administrativo.* Fundación Valle de Lili. Junio 1989. (12 p.).
- *Hospital Universitario del Valle. "Evaristo Garcia" - Cali.* Proyecto de Sistematización. Darrio Patino Rivera - HUV. Marleny Muñoz - CIMDER. Noviembre 1988. (49 p.).
- *Metodología para Implantar un Sistema de Información Financiera para Hospitales Adscritos al Servicio Nacional de Salud.* (sin fecha).
- *Sistema Financiero para Hospitales Adscritos al Sistema Nacional de Salud.*
- *Guía para el Analisis de Información utilizada en el Departamento Financiero.* CIMDER.
- *Proyecto de Sistematización del area financiera para Hospitales adscritos al Sistema Nacional de Salud.* Hospital Universitario del Valle. - Informe de Progreso diagnostico Area Financiera. - CIMDER. Junio 1989. (40 + p.).
- *Sistema de Información al Servicio de la Comunidad.* CIMDER. (sin fecha).
- *Tecnología para aumentar la Eficiencia de las Instituciones de Salud: Implementación de la Administración de suministros en una Unidad de Salud.* CIMDER. 1989.
- *Propuesta para Realizar el Diagnostico Administrativo y Operativo del Servicio Medico de Ecopetrol.* CIMDER. Mayo 1989.
- *Proyecto de Desarrollo Administrativo para Unidades de Salud. Tecnologia para aumentar la Eficiencia Institucional.* Evaluación Proyecto de Desarrollo Administrativo para la Unidad de Salud de Zarzal. Valle. CIMDER. (52 p.). Junio 1989.
- *Manual para aplicar una Metodología de Diagnostico Operativo en las Unidades Regionales de Salud.* (200 p.). Proyecto, etc. Universidad del Valle. Facultad de Salud. CIMDER 1986.
- *Diagnostico Administrativo realizado en un Hospital sede de Unidad Regional.* Ejemplo de Aplicación de la Metodología de Diagnostico Operativo. (55p.). etc. 1986.
- *Manual para la Administración de Suministros en Instituciones de Salud.* Tecnologia para aumentar la Eficiencia de los Servicios de Salud. CIMDER. Universidad del Valle. 1988. (130 p.). (libro impreso)

**Costos de la Atención Primaria: Eficiencia de Unidades del Primer Nivel de Atención.* Estudio de Caso. (60 p.). CIMDER. Universidad del Valle. Facultad de Salud. 1988. (En prensa).

**Evaluacion de Unidades del Primer Nivel de Atencion en Areas Afectadas por la Violencia y Pobreza Extrema.* Proyecto UNFPA, Area de Intervencion: Planeta Rica, Departamento de Córdoba. CIMDER. Universidad del Valle. Julio 1989. (125 p.).

** Evaluacion de Unidades del Primer Nivel de Atención en Areas Afectadas por la Violencia y Pobreza Extrema.* Proyecto de UNFPA, Area de Intervención: Tierra alta, Departamento de Cordoba. CIMDER. Universidad del Valle. Julio 1989. (125 p.).

Areas Donde Se Aplica La Metodologia CIMDER

<u>Departamento</u>	<u>Ciudad</u>	<u>Año</u>	<u>Entidad Financiadora</u>
Boyaca	Guateque	1980	UNICEF
Bolivar	Carmen de Bolivar	1980	UNICEF
	Magangue	1981	Servicio Seccional de Bolivar
Todo el Departamento		hasta 1989	Servicio Seccional de Bolivar
Huila	Guadalupe	1988	Desarrollo Juvenil Comunitario-Save The Children
	Neiva	1989	Servicio Seccional de Salud
Cundinamarca	Ibaque	1988	Desarrollo Juvenil Comunitario-Save The Children
	Cuoaghi	1988	Save The Children
	Bogota	1988-89	FES
Intendencia de Putumayo	Sibundoy	1988	Desarrollo Juvenil Comunitario-Save The Children
	Mocoa	1988	Servicio Seccional de Salud
	Resto	1989	Servicio Seccional de Salud
Santander del Sur	Bucaramanga	1988	FES y Secretaria de Salud Municipal
	Barranca-bermeja	1988	Alcaldia Municipal y Ecopetrol

AREAS DONDE SE APLICA LA METODOLOGIA CIMDER

<u>DEPARTAMENTO</u>	<u>CIUDAD</u>	<u>AÑO</u>	<u>ENTIDAD FINANCIADORA</u>
VALLE	Dagua	1980	FES-Unidad Regional de Salud de Cali
	Vijes	1980	FES-Unidad Regional de Salud de Cali
	Tulúa	1989	Unidad Regional de Salud de Tulúa y el ICBF
	Toro	1987	FES-CIMDER
	Zarzal	1988	CIID-CIMDER
	Area urbana-Cali	1987	FES
CAUCA	Santander	1977/88	CIID-Unidad Regional de Salud del Norte Santander
	Caloto	1977/88	CIID-Unidad Regional de Salud del Norte Santander
	Pto.Tejada	1977/88	CIID-Unidad Regional de Salud del Norte Santander
	Padilla	1988	Unidad Regional de Salud del Norte y CIMDER
	Miranda	1988	Unidad Regional de Salud del Norte y CIMDER
	Buenos Aires	1988	Unidad Regional de Salud del Norte y CIMDER
	Tunía y Piendamó	1988	Lotería del Cauca y SSS del Cauca.
	Cajibío	1989	Misión Alemana y SSS del Cauca.
CHOCO	Bojayá-Río Sucio	1980	Convenio Colombo-Holandés
	Lloró-Bagadó	1982	Convenio Colombo-Holandés
TOLIMA	Líbano-Armero	1980	UNICEF
	Guayabal	1988	Save The Children
META	Granada	1980	UNICEF
COMISARIA DEL GUAVIARE	San José	1978	SSS del Guaviare

Area de Desarrollo Administrativo
Capacitacion en Desarrollo Administrativo

Fecha	Lugar	Nombre	Dirigido A	Participantes
Sept./85	Zarzal.V.	Taller Sobre Diagnos- tico de Salud	Personal Adminis- trativo Hospi- talarío	Jefes de Sección del area administrativa Hospital San Rafael Zarzal
Julio/86	Zarzal.V.	Metodología Sobre Dia- gnostico Financiero	Personal Adminis- trativo	Jefes directivos Hospital San Rafael
Dic./86	Risaralda	Metodología Sobre Diagnostico Administra- tivo	Personal Directivo	Directores, Adminis- tradores y personal asistencial de la Unidad Regional de Salud de Resaralda
Dic./87	Zarzal.V.	Plan de capacitación para desarrollar acti- vidades en suministros	Personal Adminis- trativo y asis- tencial	Profesionales y auxiliares de salud, personal administra- tivo de la Unidad Re- gional de Salud de Zarzal
Mar.-Mayo/88	Zarzal.v.	Metodología para el calculo de costos	Personal adminis- trativo hospi- talarío	Administrador, prof. sionales de salud de la Unidad Ejecutiva de Saneamto

Fecha	Lugar	Nombre	Dirigido A	Participantes
Dic.13/88	Zarzal.V.	Seminario-Taller: La adminis. de suministros y sus implicaciones en las instituciones de de salud	Planificadores, Directivos, Técnicos y Auxiliares	Directores, Administradores, técnicos y personal asistencial de la Unidad Regional de Salud de Zarzal y sus Unidades Local (La Victoria, Versalles La Union, Toro, Zona Sanitaria)
Mar./89	Sevilla.V.	Metodología para la administracion del recurso de suministros en organismos de salud	Planificadores, directivos, tecnicos y auxiliares	Personal administrativo de la Unidad Sede de la Regional de Sevilla
Mar./89	Cali.V. Departamento Enfermeria	Instrumentos de Control de Gestión en Salud	Profesionales de la salud	Estudiantes magister en enfermería. Universidad del Valle
Mar./89	Cali.V. Departamento Enfermería	Metodología de la investigación - Analisis de casos	Profesionales de salud, investigadores en ciencias sociales, docentes	Estudiantes magister en enfermeria. Doctes dpto de enfermería. Universidad del Valle
Mayo-Jun/89	Cali.V. Hospital Universita- rio del Valle	Metodología para el diseno de flujogramas de operación e información financiera	Directivos, tecnicos y auxiliares del area administrativa de un hospital	Jefes de dependencia y auxiliares administrativos del area financiera

Publicaciones

**Tecnología en la Atención Primaria de Salud:* Manual del Micropuesto de Salud. Edición revisada y actualizada. 1988.

**Atención Primaria en Salud para las Grandes Ciudades:* Manual para el Diligenciamiento de la Tarjeta Familiar. Sistema de Información. 1989.

**Tecnología para Aumentar la Eficiencia de los Servicios de Salud.* Manual para la Administración de Suministros en Instituciones de Salud. 1988.

**Hablemos sobre Nuestra Salud.* Soluciones para prevenir y curar en casa. 1989.

**Manual para el Diligenciamiento de la Tarjeta Familiar en Area Rural.* Sistema de Información. 1989.

**Escuela de Madres para el Autocuidado de la Salud Familiar y Comunitaria.* 1989.

**Costos de la Atención Primaria.* Estudio de Caso. Eficiencia de las Unidades del Primer Nivel de Atención. 1988. Enviado para ser publicado por el CIID.

**Manual para el Control de Embarazo y Cuidado de la Madre durante el Parto y el Puerperio.* 1989.

**Manual del Usuario para Ejecución Presupuestal.* 1989.

Articulos

**Educación y Planificación Familiar:* Diez años de experiencia en area rural. Enviado para publicación al CIID Informa.

**El Manejo de la Información en Salud por la Comunidad. Tres Experiencias del CIMDAR.* Traducido a: "The Management of Health Information by the Community: Three Experiences from CIMDER". Submitted to World Health Forum.

**Son los Servicios Basicos de Salud de Bajo Costo?*

**Cómo Perciben los usuarios los Servicios de Salud?*

PERSONAL DEL CIMDER 1989

NOMBRE	PROFESION	CARGO	AREA
GRUPO DE INVESTIGADORES:			
Ligia Malagón de Salazar	Licenciada Enfermería, MPH, MAS.	Directora	
Jaime Becerra Calle	Médico Epidemiólogo	Investigador Asociado	Coordinador Area Epide- miología y Bioestadística
Marleny Muñoz Pulgarín	Administradora, MIS, MSP.	Investigador Asociado	Coordinadora Area Desa- rrollo Administrativo
Esmeralda Luz Burbano J.	Administradora, MSP.	Investigador Asociado	Coordinadora Area de Atención Primaria en Salud
Humberto Reynales Londoño	Médico	Investigador Asistente (Año Social Obligatorio)	Atención Primaria en Salud
Oscar Ipia López	Enfermero	Investigador Asistente (Año Social Obligatorio)	Atención Primaria en Salud
Virginia Trujillo Buitrago	Enfermera, MSP.	Investigador Asistente	Atención Primaria en Salud
Abelardo Jiménez Carvajal	Enfermero	Investigador Asistente (Año Social Obligatorio)	Desarrollo Administrativo
Victor Hugo Becerra V.	Administrador	Investigador Asistente	Desarrollo Administrativo

NOMBRE	PROFESION	CARGO	AREA
William Sánchez Peña	Estadístico	Investigador Asistente	Epidemiología y Bioestadística, Desarrollo Administrativo, Atención Primaria en Salud
Suzanne Bazar Calonje	B.S. Economía del Hogar, MSP.	Investigador Asistente	Coordinadora Oficina de Publicaciones
Ketty Bernal Rincón	Licenciada en Educación	Investigador Asistente	Oficina de Publicaciones

NOMBRE	PROCEDENCIA/FACULTAD	PROFESION
ASESORES:		
Gustavo Ignacio De Roux	Universidad del Valle, Facultad de Educación	Ingeniero Agrónomo, Ph.D. en Desarrollo
Alberto Bayona Nuñez	Universidad del Valle, Facultad de Economía	Economista, Magister en Demografía
William Escobar Gerardini	Universidad del Valle, Facultad de Administra- ción	Economista, Master en Soc.Sc. y Master en Ad- ministración
Hipólito Pabón Lasso	Universidad del Valle, Facultad de Salud	Médico, ESP (Especialista en Salud Pública)
Hugo García Paredes	Universidad del Valle, Facultad de Arquitectura	Arquitecto, Master en Di- seño Gráfico
María Celina Robledo Rendón		Licenciada en Antropolo- gía Social, Maestría en Antropología Social

PERSONAL DE APOYO ADMINISTRATIVO

Pedro Rafael Muñoz Muñoz

Contador

Gladys Marulanda Canaval

Asistente Administrativa

Clara Isabel Galarza Tenorio

Secretaria Dirección

Patricia Orejuela Cairazco

Secretaria Publicaciones

Soraya García Escobar

Secretaria Centro de Documentación

Hector Manuel Hernández Sarria

Motorista